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Application Number	10/796,547
Filing Date	03/09/2004
First Named Inventor	Naomi Zack
Title	Reducing Sound Apparatus...
Art Unit	
Examiner Name	
Attorney Docket Number	Ash/Zack

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	x <i>Naomi Zack</i>	Date	x <i>February 14, 2005</i>
Name	Naomi Zack	Telephone	x <i>415-345-9084</i> <i>341-337-5347 (cell)</i>
Title and Company	x <i>Naomi Zack</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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